

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS TAX RETURN

FOR DRA USE ONLY



MAKE SUFFICIENT COPIES FOR ALL YOUR FILING PERIODS BEFORE FILLING OUT THIS FORM.

BUSINESS NAME:

License Number

Tax Period (Mo/Yr)

**Due on the 15th day of
the month following the
close of the tax period.**

Amended
Return ☐

IF THIS IS YOUR FINAL RETURN, FILE FORM CD-100 AND GIVE REASON:

☐ ① Business Discontinued ☐ ② Change in Organization ☐ ③ Business Sold Last Day of Business _____

RECEIPTS FROM MEALS AND BEVERAGES

| | | | | |
|---|-----------------------------------------------------------------|---|--|--|
| 1 | Tax Excluded Receipts..... | 1 | | |
| 2 | Meals Tax on gross receipts at 8% (Multiply Line 1 by .08)..... | 2 | | |
| 3 | Tax Included Receipts..... | 3 | | |
| 4 | Meals Tax at 7.41% (Multiply Line 3 by .0741)..... | 4 | | |
| 5 | Total Meals Tax (Line 2 plus Line 4)..... | 5 | | |

RECEIPTS FROM RENTALS

| | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 6 | Room Rental Receipts..... | 6 | | |
| 7 | Permanent Resident Receipts..... | 7 | | |
| 8 | Taxable Room Rental Receipts (Line 6 minus Line 7)..... | 8 | | |
| 9 | Total Room Rental Tax (Multiply Line 8 by .08 or .0741).....Check rate used: <input type="checkbox"/> .08 <input type="checkbox"/> .0741 | 9 | | |
| 10 | Motor Vehicle Rental Receipts..... | 10 | | |
| 11 | Total Motor Vehicle Rental Tax (Multiply Line 10 by .08 or .0741)....Check rate used: <input type="checkbox"/> .08 <input type="checkbox"/> .0741 | 11 | | |
| 12 | Total Tax (Line 5 plus Line 9 plus Line 11)..... | 12 | | |

DEDUCTIONS AND ADDITIONS

| | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 13 | Commission (Line 12 multiplied by .03.) (See 3% commission eligibility requirement in General Instructions) | 13 | | |
| 14 | Original Return Payment/Credit Memo/Estimated Payments..... | 14 | | |
| 15 | Total Deductions (Line 13 plus Line 14)..... | 15 | | |
| 16 | Interest (See instructions)..... | 16 | | |
| 17 | Penalty for Failure to Pay (See instructions)..... | 17 | | |
| 18 | Penalty for Failure to File (See instructions)..... | 18 | | |
| 19 | Total Additions (Sum of Lines 16, 17 & 18)..... | 19 | | |
| 20 | Total Due (Line 12 minus Line 15, plus Line 19) Make check payable to State of New Hampshire..... Enclose, but do not staple or tape, your payment with the return. | 20 | | |
| 21 | Tax Exempt Meals & Rentals Receipts | 21 | | |

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete.
If prepared by a person other than the operator, this declaration is based on all information of which the preparer has knowledge.

X

SIGNATURE (IN INK) (Failure to sign may result in the assessment of penalties.)

PREPARER OTHER THAN OPERATOR

DATE

TELEPHONE NUMBER

DATE

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER

MAIL TO: NH DRA
DOCUMENT PROCESSING DIVISION
PO BOX 2035
CONCORD NH 03302-2035

PREPARER'S ADDRESS

CITY/TOWN, STATE, ZIP CODE